

**GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT**

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date <b>8/24/82</b>		Office of Financial Services Public Assistance Unit 47 Trinity Ave. S.W. - Room 503-S Atlanta, Ga. 30334		Application Number <b>75-270-A</b>	
Application Number <b>82-46</b>				Date Received <b>AUG 31 1982</b>	
2. Person to Contact <b>Nancy Howell</b>		Working Title <b>Supervisor</b>		Date Completed <b>OCT 25 1982</b>	
				Telephone Number <b>656-4373</b>	
3. Action Requested					
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input checked="" type="checkbox"/> Amend Application No. <b>75-270</b> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
Change Retention Period					
4. Dates of Series					
Earliest		Latest			
5. Records Series Title (followed by title used in office, if different)					
<b>Public Assistance Check/Magnetic Ink Character-Read (MICR) Number Listing Files</b>					
6. Division and Office Function					
What is the function of the Division and the Office in which this record series is created?					
7. Records Series Description					
This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
Documents relating to:					
Included are:					
File is arranged:					
8. Monthly Reference Rate					
How often are records referred to which are:					
One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ;					
twenty-five months and older _____ ?					
9. Annual Rate of Accumulation or Records					
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.   |
| b. Statute of limitation | _____ years. | e. Administrative need            | 5 _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

**Administratively, these files are necessary to document payments made for public assistance.**

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify) \_\_\_\_\_

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Nancy J. Howell	8/24/82	Paul T. Murphy	8/24/82
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature) _____ Date _____	
State Auditor/Designee		Edward Weldon	9-14-82
Secretary of State/Designee			9-3-82
Attorney General/Designee			10-20-82



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
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1. Application Date 10/31/75	2. Agency Application No. DHR-7	3. Date Received NOV 19 1975	4. Application No. 75-270	5. Date Completed DEC 16 1975
6. Department of Human Resources Division of Administration Public Assistance Control Unit 47 Trinity Avenue, Room 501-H Atlanta, Ga. 30334		7. Person in Contact Nancy Howell		
8. Working Title Staff Supervisor		9. Telephone No. 656-4485		

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1974--Present	9. Exact Series Title Public Assistance Check - Magnetic Ink Character-Read (MICR) Number Listing Files
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10. What is the function of the office in which this record series is created?

The Division of Administration is responsible for providing administrative support to the Department. This includes general accounting services; budget development and management; general support services; data processing and management information systems; patient accounts services; and personnel services.

Accounting Benefits Payments - responsible for processing payments for benefits and services -- subsections are Medicaid-Nursing Homes, Medicaid-Other Expenses, Vocational Rehabilitation, Assistance Payments, and other benefits (Crippled Children, Cancer, Sterilization, Mat-Pak, Foster Homes, Cuban Refugees, etc.).

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to maintaining reference listing of public assistance check numbers assigned by DOAS and corresponding preprinted MICR number.

Included are computer listings identifying the assigned public assistance check number and corresponding Magnetic Ink Character Read number.

Files are arranged by month thereunder by date of issuance.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers				1	2
Legal-size File Drawers	1	2	Floor Space Occupied (Square Feet)	7	
				This Year's	Last Year's
			AVERAGE DAILY REFERENCES	10	5
				1	0

## QUESTIONNAIRE Please enter "X" in the proper column. If answer is "YES," please explain.

- |   | YES | NO  |
|---|-----|-----|
| 13. Is this the Record Copy of the series?  | [X] | [ ] |
| 14. Is there a duplication of this series in another office or agency?  | [ ] | [X] |
| 15. Is the information contained in this series ever summarized or published?<br>Attach copy of summary or publication. | [ ] | [X] |
| 16. Does the series contain classified information requiring security handling?   | [ ] | [X] |
| 17. Does the series initiate, amend or terminate agency policies and procedures?  | [ ] | [X] |
| 18. Could the function be performed if the files were lost or destroyed?  | [X] | [ ] |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why?  | [ ] | [X] |
| 20. Does the record series provide data as input to an EDP file?  | [ ] | [X] |
| 21. Does the record series contain documentation produced as EDP printout?  | [ ] | [X] |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files?                  | [ ] | [X] |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what?   | [ ] | [X] |

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. [ ] STATE LAW    b. [ ] STATUTE OF LIMITATION    c. [ ] AUDIT PERIOD    d. [ ] FEDERAL LAW    e. [X] ADMINISTRATIVE DECISION    f. [ ] HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

## Reference Experience

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - [ ] CALENDAR YEAR - [X] FISCAL YEAR - [ ] OTHER \_\_\_\_\_, then:

- [X] Hold in the current files area \_\_\_\_\_ month(s)/ 1 year(s):  
 [X] Transfer to [X] State Records Center [ ] Local Holding Area; hold 2 year(s):  
 [X] Destroy.  
 [ ] Transfer to State Archives for permanent retention.  
 [ ] Destroy immediately after cut-off.  
 [ ] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William J. McDonald RMO</i>	<i>11-10-75</i>		
26. Recommendations in paragraph 25 are:	Agency Head/Designee [X] Approved [ ] Disapproved	<i>Nancy Howell</i>	<i>11/10/75</i>
	State Auditor/Designee [X] Approved [ ] Disapproved	<i>William M. Nelson</i>	<i>12-11-75</i>
	Secretary of State/Designee [X] Approved [ ] Disapproved	<i>Carroll Hart</i>	<i>12-10-75</i>
	Attorney General/Designee [X] Approved [ ] Disapproved	<i>M. J. Threl</i>	<i>12-12-75</i>

STATE RECORDS  
COMMITTEE



STATE  
OF  
GEORGIA

# Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
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1. Application Date 10/31/75	<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-7		Date Received NOV 19 1975	Application No. 75-270 Date Completed DEC 16 1975
3. Agency Name, Division, and Administrative Office Address Department of Human Resources Division of Administration Public Assistance Control Unit 47 Trinity Avenue, Room 501-H Atlanta, Ga. 30334		4. Person to Contact Nancy Howell	
		5. Working Title Staff Supervisor	6. Tel. No. 656-4485

7. ACTION REQUESTED

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Legal-size File Drawers	1	2		In Office(s)	In Storage Area(s)		
				7			
			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years'
				10	5	1	0

# QUESTIONNAIRE

Place an "x" in the proper column. If answer is "YES," please explain

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
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STATE RECORDS  
COMMITTEE